

P 160000010447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

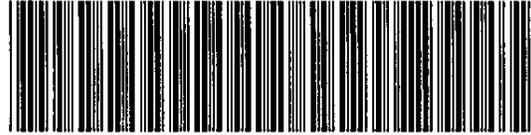
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 29 AM 8:11

JAN 29 2016

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2016

CLARA LIMA
18505 NW 75TH PLACE
SUITE 116
HIALEAH, FL 33015

SUBJECT: MADISON INVESTMENT INC.
Ref. Number: W16000001815

We have received your document for MADISON INVESTMENT INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 516A00000759

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MADISON INVESTMENT INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CLARA LIMA
Name (Printed or typed)

18505 NW 75TH PLACE SUITE 116
Address

HIALEAH, FL 33015
City, State & Zip

3055458866
Daytime Telephone number

MAYLINTAXOFFICE@YMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

HOLDINGS
MADISON INVESTMENT INC. (MADISON INVESTMENT HOLDINGS, INC)

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

18505 NW 75TH PLACE SUITE 116

HIALEAH, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE REAL ESTATE SERVICES CONCERNING

CONSULING AND ADVISING

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ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLARA LIMA, PRES

Name and Title: _____

Address 18505 NW 75TH PLACE

Address: _____

SUITE 116

HIALEAH, FL 33015

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: CLARA LIMA
 Address: 18505 NW 75TH PLACE SUITE 116
 HIALEAH, FL 33015

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CLARA LIMA
 Address: 18505 NW 75TH PLACE SUITE 116
 HIALEAH, FL 33015

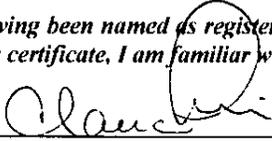
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

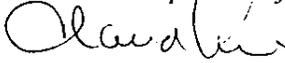


 Required Signature/Registered Agent

1/1/16

 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Required Signature/Incorporator

1/1/16

 Date